

Safety and Health Assessment and Program Evaluation

Employer	Report Number:
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Employer representative or source of information relied upon to complete SHAPE Sheet.

Name: _____
Title: _____

	YES	NO	N/A
WISHA Poster			
Was there a WISHA poster posted at this place of employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Prevention Program			
Did the employer have a written accident prevention program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the APP cover at least the basic elements and is it tailored to the business operations and hazards involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were employees provided a safety orientation consisting of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. A description of the employer total safety and health program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. An orientation showing employees what they need to know to perform their initial job assignments safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How and when to report on the job injuries and the location of 1 st aid facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How to report unsafe conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The use and care of personal protective equipment (PPE)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What to do in an emergency, including exit routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Identification of hazardous gases, chemicals, or materials used on-the-job and instructions on safe use and emergency actions to take in the event of accidental exposure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Committee/ Meetings			
Did the employer establish a safety committee with = or > # of employee elected than employer selected representatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer conduct safety meetings in lieu of Safety Committee, at least monthly? <i>Note – construction, logging and agriculture industry requires a safety meeting at the beginning of the job and at least weekly thereafter.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were minutes kept of the safety meetings, including attendance and subjects discussed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Walk Around Inspections (Construction Standards)			
Conducted at the beginning of the jobsite and weekly thereafter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an employee rep on the walk-around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the walk around inspections documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA 300 Injury-Illness Log			
Did the employer, with 11 or more employees at any time in a reporting year, keep an OSHA 300 log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer post the summary at the beginning of the year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment			
Did the employer conduct a hazard assessment of the workplace to establish what PPE is necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer properly certify the assessment in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer select and provide appropriate PPE to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer train employees to use PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer document the PPE training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockout/Tagout (LOTO)			
Did the employer develop a written lockout program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer develop specific procedures for equipment and machinery with multiple sources of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were employees trained in the lockout program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer provide the equipment necessary to perform LOTO – i.e. padlocks, pins, wedges, chains, blanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer perform an annual evaluation of the lockout program to ensure procedures are being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of First-Aid Trained Personnel			
Did the employer provide for first-aid in accordance with the rules for their industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First-Aid Kits			
Did the employer provide and maintain first aid kits in accordance with the rules for their industry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
Hazard Communication Program			
Did the employer develop and make available a written hazard communication program, as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer develop and maintain a list of hazardous chemicals in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer obtain and maintain material safety data sheets (MSDS's) for each hazardous chemical in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the material safety data sheets (MSDS's) readily accessible to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are hazardous chemical containers labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer inform and train employees about hazardous chemicals in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the following substances present: (asbestos, lead, chlorine, anhydrous ammonia, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Chemicals			
Is the facility covered by PSM and does the employer have a PSM program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employer have an emergency evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employer have an emergency response plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Conservation			
Did the employer have representative monitoring performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were any employees exposed to noise above one or more of the threshold levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For those employees, did the employer have a written training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer make available hearing protectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For employees exposed to a time-weighted average of 85 dBA or above, were they in an audiometric testing program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer provide follow-up to an employee whose audiometric test indicated an STS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer maintain records as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permit Required Confined Space Program			
Has the employer evaluated the workplace to determine if confined spaces are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If any confined spaces are classified as non-permit confined spaces, is the reasoning documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If alternate entry procedures are used for any confined space, is the reasoning documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the employer implemented methods to prevent unauthorized entry into confined spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have acceptable entry conditions been specified on the entry permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there written procedures for confined space rescue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees provided confined space entry training:			
• Before employees are first assigned duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Before there is a change in assigned duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Whenever there is a change that presents a hazard about which the employee has not yet been trained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Whenever the employer has reason to believe such training would be necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is confined space training documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does training certification contain each employees name, the signatures or initials of trainers, and dates of training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were employees and their authorized representatives consulted on the development and implementation of all aspects of the employer's confined space program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Protection			
Did the employer conduct a hazard assessment of the workplace to establish what respiratory protection is necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer develop and implement a written respiratory program with worksite specific procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the employer designate a qualified program administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the employer selected the proper respirator for the respiratory hazards involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were medical evaluations and questionnaires properly administered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a quantitative or qualitative fit test performed for respirator users?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been provided respirator training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the employer conducted periodic evaluations of the respirator program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____
